

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of : LOECKLE et al.
PCT Appln. No. : PCT/DE03/03499
PCT Filing Date : October 18, 2003
U.S. Serial No. : 10/550,084
Receipt Date : January 18, 2007
For : APPARATUS FOR TRIGGERING RESTRAINT
DEVICES

Mail Stop PCT
Office of PCT Legal Administration
Commissioner for Patents
P. O. Box 1450
Alexandria, VA. 22313-1450

PETITION UNDER 37 C.F.R. 1.182 & RESPONSE TO COMMUNICATION

SIR:

In response to the Communication (mailed on January 18, 2007) on "Response To Missing Requirements Under 35 U.S.C. 371" (filed on August 21, 2006), Applicants submit this Petition under 37 C.F.R. 1.182 to correct the name of one of the inventors, Sabine AUST, to Sabine BRANDENBURGER, for the above-identified U.S. national stage application. The name of Sabine AUST was changed to Sabine BRANDENBURGER as a result of marriage. In accordance with Section 605.04 (c) of the MPEP, enclosed herewith are certified copies of the certification of name change and marriage certification from the German Registrar's Office with accompanying English language translations thereof.

It is therefore respectfully submitted that the declaration filed on August 21, 2006 is in compliance with 37 CFR 1.497.

The Commissioner is hereby authorized to charge any necessary fees, including a five-month extension fee of \$2,160 and a petition fee of \$130 under 37 C.F.R. 1.17(h), or credit any overpayment in connection with this paper, to Deposit Account No. 11-0600. A copy of this petition is enclosed for that purpose.

07/12/2007 LLANDGRA 00000036 110600 10550084

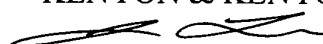
01 FC:1255 2160.00 DA

07/12/2007 LLANDGRA 00000036 110600 10550084

02 FC:1464 130.00 DA
Dated: 7/9/07

Respectfully submitted,

KENYON & KENYON LLP

 (P. No. 36,197)

By: JONG LEE for Gerard Messina
Gerard A. Messina, Reg. No. 35,952
One Broadway
New York, New York 10004
Telephone: (212) 425-7200

Express Mail No. EM 007632174 US

D E C L A R A T I O N

I, Robert C. Ferber, declare that I am well qualified as a translator of German to English and that I have carefully reviewed the attached English language translation from the original document:

Bescheinigung über Namensänderung

(Certification of Name Change (of Sabine Aust))

Bescheinigung über die Eheschließung

(Marriage Certification (of Aust/Brandenburger))

written in German; and that the attached translation is an accurate English version of such original to the best of my knowledge and belief.

I certify under penalty of perjury that the foregoing is true and correct.

Date 7/2/07

Signature Robert C. Ferber

Name Robert C. Ferber

Standesamt Stuttgart

70173 Stuttgart
30. April 2004

Bescheinigung über die Eheschließung (§ 196 DA)

Ehemann:

Familienname Brandenburger
Vornamen Markus
Geburtsdatum, -ort 16. Februar 1964, Wissen, Krs. Altenkirchen
 (Westerwald)
Anschrift Petterweilstraße 48, 60385 Frankfurt am Main
Religion evangelisch

Ehefrau:

Familienname Aust
Vornamen Sabine
Geburtsdatum, -ort 21. April 1975, Meschede, Hochsauerlandkreis
Anschrift Leiblweg 36, 70469 Stuttgart, Stadtbezirk Feuerbach
Religion katholisch

Eheschließung am 30. April 2004
Standesamt Stuttgart
Heiratsbuch Nr. 154/2004

Ehename Brandenburger



Der Standesbeamte

Standesamt
Stuttgart

Bescheinigung über Namensänderung
§ 9a PStV

Bisherige Namensf.

Familienname

Aust

Geburtsname

Vornamen

Sabine

Namensbestandteile

Neue Namensf.

Familienname

Brandenburger

Geburtsname

Aust

Vornamen

Sabine

Namensbestandteile

Datum der Wirksamkeit

30.04.2004

Geburtstag und -ort, Standesamt und Nr.

21.04.1975, Meschede, Hochsauerlandkreis, St.Amt Meschede Nr. 120/1975

Wohnort und Wohnung (Straße und Hausnummer, PLZ, Ort)

Leiblweg 36, 70469 Stuttgart, Stadtbezirk Feuerbach

PLZ, Ort, Datum

70173 Stuttgart, den 30.04.2004



Der Standesbeamte

16/682

Translation of Attachments to letter dated 06/25/2007 from
C/IPE2 Vogt/Zj to Mr. Richard L. Mayer [10191/3769]

* * * * *

Registrar's Office
Stuttgart

Certification of Name Change
§ 9a PStV

Current Name

last name

Aust

maiden name

first name

Sabine

New Name

last name

Brandenburger

maiden name

Aust

first name

Sabine

effective date

04/30/2004

birth date and place, registrar's office and number

04/21/1975, Meschede, Hochsauerlandkreis, City Office

Meschede No. 120/1975

place of residence and residence (street, house number and place)

Leiblweg 36, 70469 Stuttgart, Stadtbezirk Feuerbach

place, date

70173 Stuttgart, 04/30/2004

(stamp)

Registrar

(signature)

(legend at left of the above form)

certification/notification of name change (electronic form)
plus name of printer

Registrar's Office Stuttgart

70173 Stuttgart

April 30, 2004

Marriage Certification (§ 196 DA)

husband:

last name Brandenburger
first name Markus
birth data/place February 16, 1964, Wissen, County of
 Altenkirchen (Westerwald)
address Petterweilstraße 48, 60385 Frankfurt am
 Main
religion Evangelical

wife:

last name Aust
first name Sabine
birth date/place April 21, 1975, Meschede, Hochsauerland
 County
address Leiblweg 36, 70469 Stuttgart
 City Section Feuerbach
religion Catholic

wedding date April 30, 2004
registrar's office Stuttgart
wedding registra-
tion book No. 154/2004

family name Brandenburger

(stamp) Registrar
 (signature)

AutiSta

sending Express Mail.

Addressee Copy
Label 11-F, April 2004

RECEIVED



UNITED STATES POSTAL SERVICE
DELIVERY IS GUARANTEED

PRESS HARD. YOU ARE MAKING 3 COPIES.

ORIGIN (POSTAL SERVICE USE ONLY)		Day of Delivery		Postage		Return Receipt Fee	
PO ZIP Code		<input type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 2nd Del. Day		\$		\$	
Date Accepted		Scheduled Date of Delivery		Month		Day	
Mo. Day Year		Scheduled Time of Delivery		COD Fee		Insurance Fee	
Time Accepted		<input type="checkbox"/> Noon <input type="checkbox"/> 3 PM		\$		\$	
Flat Rate <input type="checkbox"/> or Weight		Military		Total Postage & Fees		Acceptance Emp. Initials	
lbs. ozs.		<input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day		\$		Int'l Alpha Country Code	
CUSTOMER USE ONLY		Day of Delivery		Time		Employee Signature	
Mo. Day Year		Scheduled Time of Delivery		Mo. Day Year		Employee Signature	
Time Accepted		<input type="checkbox"/> AM <input type="checkbox"/> PM		Mo. Day Year		Employee Signature	
Flat Rate <input type="checkbox"/> or Weight		<input type="checkbox"/> AM <input type="checkbox"/> PM		Mo. Day Year		Employee Signature	
lbs. ozs.		Day of Delivery		Time		Employee Signature	
CUSTOMER USE ONLY		Day of Delivery		Time		Employee Signature	
Mo. Day Year		Scheduled Time of Delivery		Mo. Day Year		Employee Signature	
Time Accepted		<input type="checkbox"/> AM <input type="checkbox"/> PM		Mo. Day Year		Employee Signature	
Flat Rate <input type="checkbox"/> or Weight		Military		Total Postage & Fees		Acceptance Emp. Initials	
lbs. ozs.		<input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day		\$		Int'l Alpha Country Code	
CUSTOMER USE ONLY		Day of Delivery		Time		Employee Signature	
Mo. Day Year		Scheduled Time of Delivery		Mo. Day Year		Employee Signature	
Time Accepted		<input type="checkbox"/> AM <input type="checkbox"/> PM		Mo. Day Year		Employee Signature	
Flat Rate <input type="checkbox"/> or Weight		Military		Total Postage & Fees		Acceptance Emp. Initials	
lbs. ozs.		<input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day		\$		Int'l Alpha Country Code	
CUSTOMER USE ONLY		Day of Delivery		Time		Employee Signature	
Mo. Day Year		Scheduled Time of Delivery		Mo. Day Year		Employee Signature	
Time Accepted		<input type="checkbox"/> AM <input type="checkbox"/> PM		Mo. Day Year		Employee Signature	
Flat Rate <input type="checkbox"/> or Weight		Military		Total Postage & Fees		Acceptance Emp. Initials	
lbs. ozs.		<input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day		\$		Int'l Alpha Country Code	
CUSTOMER USE ONLY		Day of Delivery		Time		Employee Signature	
Mo. Day Year		Scheduled Time of Delivery		Mo. Day Year		Employee Signature	
Time Accepted		<input type="checkbox"/> AM <input type="checkbox"/> PM		Mo. Day Year		Employee Signature	
Flat Rate <input type="checkbox"/> or Weight		Military		Total Postage & Fees		Acceptance Emp. Initials	
lbs. ozs.		<input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day		\$		Int'l Alpha Country Code	
CUSTOMER USE ONLY		Day of Delivery		Time		Employee Signature	
Mo. Day Year		Scheduled Time of Delivery		Mo. Day Year		Employee Signature	
Time Accepted		<input type="checkbox"/> AM <input type="checkbox"/> PM		Mo. Day Year		Employee Signature	
Flat Rate <input type="checkbox"/> or Weight		Military		Total Postage & Fees		Acceptance Emp. Initials	
lbs. ozs.		<input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day		\$		Int'l Alpha Country Code	
CUSTOMER USE ONLY		Day of Delivery		Time		Employee Signature	
Mo. Day Year		Scheduled Time of Delivery		Mo. Day Year		Employee Signature	
Time Accepted		<input type="checkbox"/> AM <input type="checkbox"/> PM		Mo. Day Year		Employee Signature	
Flat Rate <input type="checkbox"/> or Weight		Military		Total Postage & Fees		Acceptance Emp. Initials	
lbs. ozs.		<input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day		\$		Int'l Alpha Country Code	
CUSTOMER USE ONLY		Day of Delivery		Time		Employee Signature	
Mo. Day Year		Scheduled Time of Delivery		Mo. Day Year		Employee Signature	
Time Accepted		<input type="checkbox"/> AM <input type="checkbox"/> PM		Mo. Day Year		Employee Signature	
Flat Rate <input type="checkbox"/> or Weight		Military		Total Postage & Fees		Acceptance Emp. Initials	
lbs. ozs.		<input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day		\$		Int'l Alpha Country Code	
CUSTOMER USE ONLY		Day of Delivery		Time		Employee Signature	
Mo. Day Year		Scheduled Time of Delivery		Mo. Day Year		Employee Signature	
Time Accepted		<input type="checkbox"/> AM <input type="checkbox"/> PM		Mo. Day Year		Employee Signature	
Flat Rate <input type="checkbox"/> or Weight		Military		Total Postage & Fees		Acceptance Emp. Initials	
lbs. ozs.		<input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day		\$		Int'l Alpha Country Code	
CUSTOMER USE ONLY		Day of Delivery		Time		Employee Signature	
Mo. Day Year		Scheduled Time of Delivery		Mo. Day Year		Employee Signature	
Time Accepted		<input type="checkbox"/> AM <input type="checkbox"/> PM		Mo. Day Year		Employee Signature	
Flat Rate <input type="checkbox"/> or Weight		Military		Total Postage & Fees		Acceptance Emp. Initials	
lbs. ozs.		<input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day		\$		Int'l Alpha Country Code	
CUSTOMER USE ONLY		Day of Delivery		Time		Employee Signature	
Mo. Day Year		Scheduled Time of Delivery		Mo. Day Year		Employee Signature	
Time Accepted		<input type="checkbox"/> AM <input type="checkbox"/> PM		Mo. Day Year		Employee Signature	
Flat Rate <input type="checkbox"/> or Weight		Military		Total Postage & Fees		Acceptance Emp. Initials	
lbs. ozs.		<input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day		\$		Int'l Alpha Country Code	
CUSTOMER USE ONLY		Day of Delivery		Time		Employee Signature	
Mo. Day Year		Scheduled Time of Delivery		Mo. Day Year		Employee Signature	
Time Accepted		<input type="checkbox"/> AM <input type="checkbox"/> PM</					